

**Appendix A – 603-05-DD**

**Health Care Worker**

**CONSENT FOR HIV/HBV/HCV TESTING**

- **I hereby consent to have the HIV \_\_\_\_\_, HBV \_\_\_\_\_, HCV \_\_\_\_\_ test performed upon:**

\_\_\_\_\_  
(print name)

- **I understand the test for HIV is not a diagnostic test for AIDS**
- **I have been advised of the implications of the test and have been given the opportunity to ask questions.**
- **I understand that \_\_\_\_\_ (facility) will maintain confidentiality of the test results, medical records and reportable information as provided for in accordance with SCDDSN policy.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date